

# MORGAN HILL MASTERS REGISTRATION FORM



Last Name, First Name	Sex	Birthdate	Monthly Fee
SWIMMER # 1			
SWIMMER # 2			
<b>TOTAL:</b>			

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Contacts in case of illness or injury:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Primary Medical Insurance:** \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

(please be specific) \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**Monthly Payment Option**

First Month's payment:	\$ _____	X	# of swimmers _____	=	_____
					+
Prorate Fee:	\$ _____	X	# of swimmers _____	=	_____
					=
					Total: _____

Monthly Bank Draft 1st Draft Date \_\_\_\_\_

I hereby authorize the City of Morgan Hill to withdraw \$25/month in addition to my CRC Membership fee and agree to give 15 days, written notice, to cancel or make any changes to my bank draft.

Routing #: \_\_\_\_\_ Act #: \_\_\_\_\_

First Draft date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Voided check required, account to be charged monthly on a recurring basis following the first draft date.)

**Annual Payment Option**

**Payment Information**

<input type="checkbox"/> Annual Fee for 1 person (\$300)	+	Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
<input type="checkbox"/> Annual Fee for 2 people (\$600)		
Pro Rate fee:	=	Account #: _____
Total:		Exp (MO/YR): _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_